

APPENDIX H

GROWTH MANAGEMENT FORMS AND POLICY DESCRIPTION

Amended (November 2001)

1.0 Litchfield Building Certificate

For Planning Board use only.

Cert. Number(s):

Applicant's Name: _____

Address: _____

Subdivision Name: _____

HCRD Plan Number: _____

HCRD Recording Date: _____

Litchfield Building Certificate

The applicant listed above has been issued _____ building certificate(s) for the year _____, as provided for in the Litchfield Zoning Ordinances section §2100 "Growth Management".

The issuance of this certificate(s) allows the applicant to apply for a building permit but in no way does the granting of this certificate exempt the applicant from complying with all other applicable state laws and local ordinances and regulations.

Certificate Issued by:

Signature of Representative of the Planning Board

Date Certificate Issued: _____

LITCHFIELD LAND USE LAWS AND REGULATIONS
APPENDIX H – Growth Management Forms and Policy Description

2.0 Application for Litchfield Building Certificate

FOR TOWN CLERK USE ONLY: Received at Town Clerk's Office DATE: _____ TIME: _____ INITIALS: _____
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Application for Litchfield Building Certificate

NOTE: Complete all spaces indicated on the form below. If you are applying for a Building Certificate for a lot that existed prior to 17 November 1999 please enter "N/A" in the "Subdivision Name" and Hillsborough County Registry of Deeds (HCRD) information block. Lots of Record as defined by the Litchfield Zoning Ordinance §2100 are exempt from semi-annual allocation requirements. This application does not exempt the applicant from complying with all state and local requirements for a building permit

Applicant's Name: _____

Mailing Address: _____

Phone #: _____

Subdivision Name: _____

Number of Certificates Requested: _____

Agent (Name and phone if applicable): _____

List All Subdivision Lot numbers within the subdivision for which the Applicant requests Building Certificates:

To be filled in only for lots created after 17 November 1999:

Date of Recording at HCRD: _____

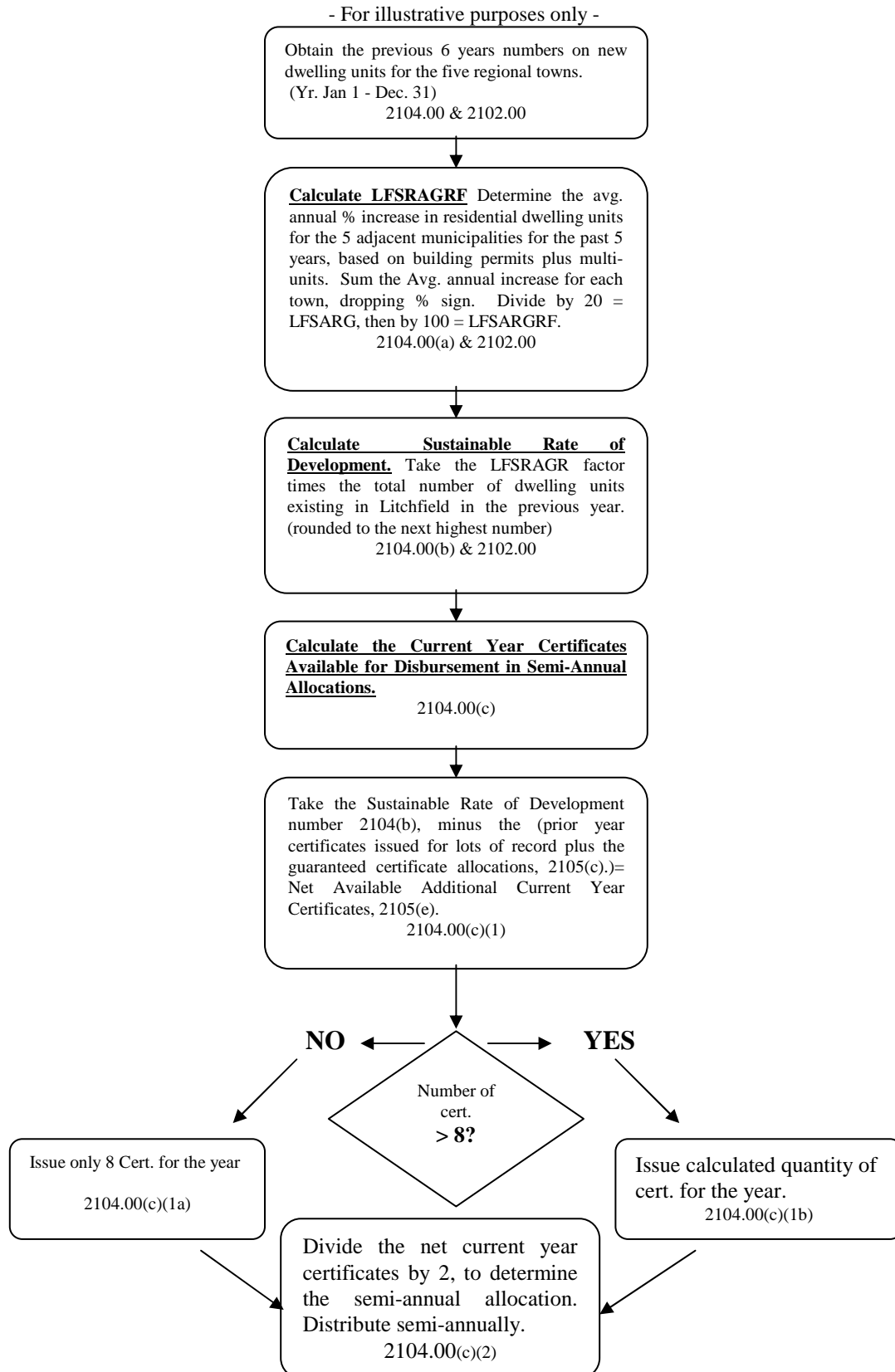
HCRD Plan Number(s): _____

- ☐ If this application is for a lot of record please list the Litchfield Tax Map number of the lot.
Litchfield Tax Map Number: _____

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Space for Planning Board Use Only

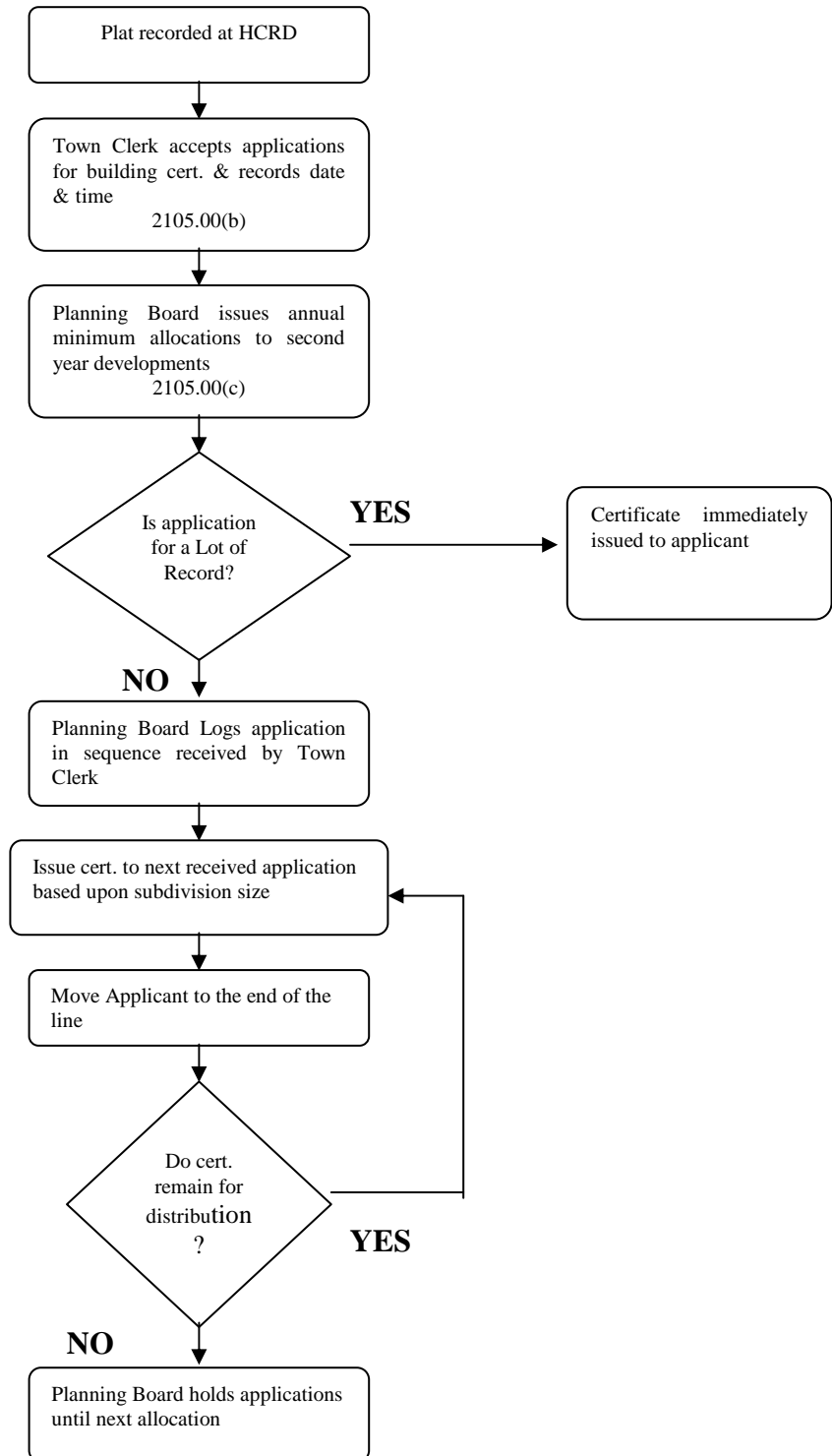
Calendar Year	# Of Cert. Through Automatic Allocation	# Of Cert. Through Semi-Annual Allocation	Requested # Of Cert. Remaining	Number of the Cert. Issued to Applicant
	NONE			

3.0 Flowchart Showing Calculation of Building Certificates Semi-Annual Allocation (2104.00)



4.0 Flowchart Showing Distribution of Building Certificates at Semi-Annual Allocation (2105.00)

- For illustrative purposes only -



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